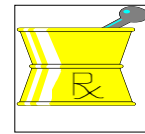




STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, November 15th, 2012
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Committee Members Present:

Ellie Brownstein, M.D.
Lisa Hunt, R.Ph.
Beth Johnson, R.Ph.
Roger Martenau, M.D.

Kort Delost, R.Ph.
Jameson Rice, Pharm.D.
Julia Ozbolt, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.
Heather Santacruz, R.N.

Rick Sorenson, R.N.

University of Utah Drug Information Center Staff Present:

Bryan Larson, Pharm.D.

Joanita Lake, Pharm.D.

Other Individuals Present:

Scott Larson, BMS
Mindy Peterson, Healthy U
Matthew Rim, Healthy U
John Vu, Molina
Anthony May, Select Health
Pat Wiseman, MedImmune
Lori Howarth, Bayer
Linda Craig
Russell Frandsen, UT Legislative Fiscal Analyst
Nalani Namalu, Molina
John Larsen, Health Choice
Chad Westover, Molina

Dave Croft, BMS
Michael Kelly, Healthy U
Benjamin Schatzman, Molina
Jeremy Jensen
Jeff Dunn, Select Health
Corbett Carr, Pfizer
Eric Cannon, SelectHealth
Charissa Anne, J&J
Mark Germann, Novartis
Scott Clegg, Lilly
Arlen Jarnett, Health Choice
Hal Goodman, Molina

Meeting conducted by Ellie Brownstein

- 1 Review and Approval of Minutes: October's meeting minutes had not yet been prepared, so approval was deferred until December's meeting.
- 2 Housekeeping: Lisa Hunt asked Committee members and guests to sign in. She noted

that Utah Medicaid and each Accountable Care Organization (ACO) is currently working on their respective Preferred Drug Lists (PDLs) for 2013.

- 3 Drug Utilization Review (DUR) Board Update: Board Manager Robyn Seely, Pharm.D. was not in attendance, so the update was deferred until December's meeting.

4 **ACO Presentation: Healthy U: Mike Kelly, Director of Ambulatory Care, University of Utah**

a. Presentation:

- i. Healthy U's Pharmacy and Therapeutics (P&T) Committee developed their PDL started with Utah Medicaid's existing PDL, keeping the same drug categories, with a goal of continuity of care. Unlike Medicaid, Healthy U always guides use toward generic products. If a drug is not listed on the PDL, it is safe to assume that the generic is covered.
- ii. Healthy U's administrative partner is Ventegra, a national, non-local Pharmacy Benefit Manager (PBM) holds quarterly meetings to evaluate the PDL and develop protocols. Healthy U's local Clinical Advisory Committee attends these quarterly meetings and brings the information back to Healthy U. The Clinical Advisory Committee is composed of Mike Kelly, Laura Bretton R.Ph., and local pharmacists and generalist medical doctors from the University of Utah ("University"). Specialists are invited to confer if needed. The University will have the final say on Healthy U's PDL.
- iii. Healthy U will have a Help Desk available 24/7, including all holidays. The Help Desk will be staffed and maintained by Ventegra.
- iv. Clinical Prior Authorizations (PAs) will all be submitted to Healthy U's pharmacy claims processor, NPS (a national, non-local company). NPS will evaluate non-clinical requests (e.g. step therapy), and forward clinical requests to Healthy U for evaluation. NPS and/or Healthy U will provide a response to all PA requests within 24 working hours of receiving all necessary documentation (as required by law). Laura Bretton coordinates the local Healthy U PA department, which is composed of Certified Pharmacy Technicians (CPhTs). Much of the research required can be done with the help of pharmacists, through the University's Electronic Medical Record system (EMR). The local Clinical Advisory Committee will review NPS and Healthy U PA activity on a quarterly basis. Although NPS and Healthy U are involved in the PA process, there is one Help Desk that all patients should call, if needed.
- v. Many Utah Medicaid patients who will be entering Healthy U's ACO have existing PAs. Healthy U will allow at least a 30 day supply of the authorized medication(s), and a 90 days window for the patient to see a practitioner for drug regimen re-evaluation. If any changes are made, the patient, the prescriber, and the dispensing pharmacy will be notified.
- vi. Healthy U has sent packets out to the patients who will be entering into

their ACO, including instructions regarding the use of web-based tools to search for providers, obtain customer service, view status of PA requests. Pharmacies have received fax blasts from Healthy U (in addition to those sent by Utah Medicaid).

- vii. Healthy U uses the NPS network of pharmacies, which are open 24/7. There are over 480 NPS pharmacies; a list was provided.

b. Questions and Answers

- i. Beth Johnson: How often does the University P&T Committee meet? Monthly.
- ii. Beth Johnson: Will any of the Help Desk activity occur locally? Questions regarding providers, contracts, etc will be answered by the national PBM. Questions regarding clinical information, PAs, etc, will be handled locally by Healthy U. There is one Help Desk phone number to reach them all. The national staff is there 24/7; the local staff are there 8:00am to 5:00pm Monday through Friday. If the call is placed during these hours, a patient speaks to the local Healthy U staff before being transferred to the national staff (if needed). Outside of those hours, a patient speaks with the national staff.
- iii. Beth Johnson: Who communicates PA request outcomes to patients and providers? The national PBM sends letters the day the decision is made, the local staff make calls.
- iv. Beth Johnson: Is there a process in place to ensure that letters get sent, and to correct addresses? Calls from Local Healthy U staff should take care of most of this. Ventegra will check with the pharmacies to see if the medication is being filled. Healthy U will be doing checks and audits.
- v. Kort Delost: For patients that currently have PAs with Medicaid, how will the 30 day supply and transition to a new drug, if needed) work? Medicaid is sharing a data feed with Medicaid regarding all current Medicaid PAs.
- vi. Beth Johnson & Kort Delost: Is it the pharmacists' ability and/or responsibility to warn patients when their Medicaid PA will need to be changed to a Healthy U-preferred drug? Yes. The patient will become aware of this at the pharmacy point of sale, via messaging through the NPS messages. The claim will reject, and the pharmacist will have to call the Help Desk for an override, so the patient can get their 30 day "grace" supply. At that point, the pharmacy can and should begin the PA process, and the patient's information will go into a queue of those that must receive notification.
- vii. Kort Delost: Will patients have to switch pharmacies (i.e., will Healthy U contract with all the same pharmacies as Medicaid)? Healthy U has contracted with NPS pharmacies. So far they have not identified any pharmacies that are contracted with Medicaid, but not NPS. If desired, new contracts can be entered into.
- viii. Tim Morley: Will there be pharmacies that will not be contracted (i.e., that a patient will not be able to go to)? Mike Kelly doesn't foresee this as

a problem. The NPS network includes major chains and many local independent pharmacies. However, new contracts can be entered into if needed.

- ix. Lisa Hunt: What criteria does Healthy U have for non-preferred drugs (such as previous treatments, drug interactions, etc)? There are some step-therapy and dosing requirements for common drugs. Specialty drugs may have clinical criteria that include specific lab values.
- x. Ellie Brownstein: How long will a PA be in effect? Many are for one year.
- xi. Kort Delost: Is there an optional or mandatory mail order pharmacy benefit? Healthy U has not created any mail order options for Medicaid patients. Medicaid cannot provide more than a 30 day supply of any drug, and a mail-order system is difficult when longer/larger supplies cannot be provided. However, it is not an impossibility.
- xii. Kort Delost: Currently Tim, Robyn, Lisa, and Bobbi are relatively accessible and can be contacted if other answers or avenues fail. Are such liaisons available at Healthy U? Mike is confident in the abilities of the local Healthy U staff, and in Ventegra's national staff.
- xiii. Beth Johnson: It is difficult to clinically manage patients when information is insufficient and/or provided with significant delays. Does Healthy U have a plan to facilitate pharmacists' clinical duties? Medicaid's population has a lot of children – will there be any clinical support in pediatrics? Healthy U's internal Medication Therapy Management Programs (MTMs) work with patients upon discharge and as outpatients. They focus on disease states such as diabetes and hypertension. Mike believes this MTM will help with the transition. Healthy U has not done pediatric MTM.
- xiv. Kort Delost: Will Healthy U's covered over the counter (OTC) products match Medicaid's? All ACOs were given categories that they must cover. Each ACO must cover at least one drug in each category.
- xv. Kort Delost: Is the PDL online? Yes, it will be available on the Healthy U website. It has not been posted yet.
- xvi. Ellie Brownstein: Will inhaler aerochambers and masks be available? Ellie suggests that they be covered with no age limit. This question was asked in passing while the Committee looked through Healthy U's PDL. There was no answer recorded
- xvii. Jameson Rice: Are insulin pens covered? Insulin pens require a PA.
- xviii. Julia Ozbolt: Benzodiazepines used for anxiety are carved out (meaning that Utah Medicaid will reimburse for them). Sedative/hypnotics are carved in (meaning that the ACOs will reimburse for them). How will this work, programmatically? At the pharmacy point of sale, the ACO will reject a claim for a carved out drug, and return a message instructing the pharmacist to bill Medicaid.
- xix. Kort Delost: If a patient has already gone through the step therapy

process, will they have to do that again? No. The point of sale program will be able to see it in their claims history, or they'll just need to submit documentation that they've gone through the steps, in order to receive a PA.

- c. Board Discussion: Approve the PDL as clarified by the questions and answers. Motion: Ellie Brownstein, second, Kort Delost. Unanimous.

5 **ACO Presentation: Molina Healthcare: Benjamin Schaztman, Corporate Vice President of Pharmacy, Molina Healthcare**

- a. Presentation:
 - i. Molina specializes in government-funded programs, Medicaid and Medicare. Molina has been administering medical benefits for Utah Medicaid and CHIP for years, and will now be administering pharmacy benefits for some Utah Medicaid patients.
 - ii. Each local health plan has a P&T Committee composed of pharmacists, generalist and specialist medical doctors, and Molina Healthcare personnel.
 - iii. Molina uses the term "formulary", but Utah cannot have a closed formulary, so Medicaid uses the term "preferred drug list". All drugs will be covered, albeit with PA requirements for some. Molina will not exclude any drug from coverage unless Medicaid tells them not to cover it, i.e. Molina will not cover drugs that are non-rebateable. The PDL is fluid and will change regularly as Molina's P&T Committee meet and evaluate safety, efficacy, and cost. Molina's PBM is CVS Caremark. For each P&T meeting, CVS Caremark prepares drug monographs for the Committee to analyze (an example document was included in this meeting's packet). CVS Caremark provides cost information in their monographs, but the costs presented may or may not match actual costs to Molina.
 - iv. Specialty drugs, drugs that require specific handling instructions, and other situations trigger a Medical Coverage Guidance documents. They are composed internally by Molina and undergo in-house peer-review, and are used in Molina plans nationally.
 - v. Molina has a patient transition standard operating procedure. If a patient takes a medication for which Molina requires a PA, the patient will get at least a 30 day supply while they seek different drug therapy. If the drug is for chronic treatment (e.g. hypertension), the patient can receive several months worth of their old medication, so stability on a long-term drug is not interrupted. Patients and prescribers are informed of any potential PAs in advance.
 - vi. All Help Desk calls are answered locally by Molina. More Help Desk employees have been hired for go-live. Incidentally, Molina's Medicare Help Desk is also based in Utah. Molina tries to keep customer service activity in house, but CVS Caremark's Help Desk is open 24/7, while

- Molina's local Help Desk is not. As always, pharmacies can elect to give a 72 hour supply after hours when the local Help Desk cannot be reached.
- vii. PA requests are evaluated within 24 working hours of receipt of full information (as required). The local Molina office sends letters to prescribers.
 - viii. All CVS Caremark pharmacies are contracted. Molina has been doing test runs with our test files to see if there are a lot of claims coming to any pharmacies that are outside of the CVS Caremark pharmacies. If there are, Molina has been contacting those pharmacies about entering into a contract.
 - ix. Caremark has a mail-order service, and Medicaid patients are welcome to use it, but they find that the Medicaid population has very low utilization. A patient can get a 30, 60, or 90 day supply through the mail-order service.
- b. Questions and Answers:
- i. Tim Morley: Is the document provided Molina's full PDL? No, it is a truncated document, following Lisa's PDL document's format. Molina has a similar narrow-therapeutic-index policy as Utah Medicaid. Note that Molina covers some medications for CHIP that it will not cover for the Medicaid ACO patients, because they are carved-out drugs. Note that if a pharmacy tried to bill Molina for a carved-out drug, the pharmacy POS will receive a reject message instructing them to bill Medicaid.
 - ii. Lisa Hunt: What is Molina's method for evaluating requests for non-preferred drug, or drug that do not have specific PA criteria? Case-by-case, often failure of a preferred drug. New drugs are evaluated per FDA-approved indications.
 - iii. Beth Johnson: Tell us about your utilization management and quality processes. Molina integrates pharmacy and medical data. Medicaid claims are evaluated per HEDIS standards. Molina has various programs to encourage appropriate use of chronic medications, disease management based upon medication profile, gaps in care. "First fill program": if a unique prescription situation that Molina has never seen before, it is recorded and those patients are monitored (for example, an infant on Dig).
 - iv. Lisa Hunt: Do you have translators to help the Customer Service desk? Yes. If during business hours, the call goes to Member Services, if after hours, it goes to the After Hours Nurse Advice line.
 - v. Beth Johnson: How often does Molina's P&T committee meet? Quarterly, and ad hoc if necessary.
 - vi. Kort Delost: Does Molina cover compounded medications? Yes. There is a dollar amount limit. If it exceeds the limit, it requires a PA.
 - vii. Kort Delost: Regarding mail-order benefits, Kort's experience is that some patients may be chosen by the insurer to be enrolled in mail-order, forcing the patient to opt out (rather than opt in). Does Molina identify and automatically enroll some patients in mail order? No. Caremark is not allowed to do so.

- viii. Julia Ozbolt: Are there age limits on multi-vitamins? There is on prenatal vitamins (Benjamin Schaztman can't quite recall but it's about 50 – i.e. a woman does not have to be pregnant). Multi-vitamins are covered for all ages unless explicitly listed on the PDL. One of their OTC covered drug categories in vitamins.
- ix. Elli Brownstein: Are multi-vitamins without fluoride covered? Yes. Is vitamin B₆ covered? Yes. Are inhaler masks and spacers covered? Yes, but there is an age limit. Benjamin Schaztman can't quite recall what it is, but believes its around 4 or 6 years old without a PA requirement.
- x. Jameson Rice: Is there a process to aid medication reconciliation? Molina is working on this. Molina has a large Medicaid population, and is growing their Medicare population. For those dual-eligibles that Molina serves, reconciliation is getting better. Molina also has clinicians within their disease management programs that prioritize by severity. Jameson Rice: Are there difficulties in keeping all providers informed and involved? Medicaid patients, their caregivers if any, and their clinicians sometimes have trouble communicating. Benjamin Schaztman says that Molina doesn't have a role in this.
- xi. Beth Johnson: Does Molina cover pen-type devices for various drugs? Yes. Many "basic" devices are covered without a PA.

6 Board Actions

- a. Jameson Rice moved to accept the pharmacy questions and discussions that occurred, and answered received. The motion was seconded by Julia Ozbolt. The motion passed unanimously.

The next Pharmacy and Therapeutics Committee meeting is scheduled for Thursday, December 20th, 2012.

Meeting Adjourned.

Minutes prepared by Robyn Seely.